

DEPARTMENT OF THE ARMY
HEADQUARTER, U.S. ARMY MEDICAL COMMAND
FORT SAM HOUSTON, TEXAS 78234-6000

Supply Management Bulletin
No. 1-94

1 October 1994

Receipt, Storage, and Issue of Medical Oxygen
Valid Until Rescinded or superseded

Supply Management Bulletins (SMBs) are prepared and distributed as needed to headquarters staff elements and units throughout the command. These bulletins are designed to provide supply management policy/guidance of current interest to commanders and Directors of Logistics/Chief of Logistics. Local reproduction is authorized.

1. References.

a. DoD Directive 6055.10, 26 Jul 89, Receipt and Administration of Bulk Liquid Oxygen for Medical Use.

b. Logistics Policy Change letter 1-2, DASG-HCL, 22 Dec 89, Quality Assurance of Bulk Liquid Oxygen.

c. Memorandum, HQ HSC, HSCL, 24 May 90, subject: Testing of Medical Oxygen Cylinders.

d. HSC Supplement 1 to AR 385-10, 19 Oct 89, The Army Safety Program.

2. Reference 1a establishes policy, responsibilities, and procedures on the receipt and administration of bulk liquid oxygen used for medical purposes. The Office of The Surgeon General, Health Care Logistics' (OTSG-HCL) memorandum (reference 1b) implements the directive. Omitted from the directive is the policy for testing oxygen stored in cylinders. Consequently, the Deputy Chief of Staff for Clinical Services, HSC has directed all medical oxygen cylinders be tested (reference 1c). Policy contained in HSC Suppl 1 to AR 385-10 primarily addresses bulk oxygen. This SMB prescribes, supplements, and clarifies logistics policy and responsibilities for the storage of oxygen (medical) in cylinders.

3. It is HSC policy that:

a. Policy, responsibilities, and procedures on the receipt, storage, issue, and administration of bulk liquid oxygen used for medical purposes established in DoD Directive 6055.10 will be implemented by all HSC activities.

b. Standing operating procedures (SOPs) containing responsibilities and prescribing procedures for the receipt, storage and issue of medical oxygen in bulk and cylinder storage will be written and kept current. The emergency plan dealing with an oxygen system emergency will be incorporated into the MEDCEN/MEDDAC Emergency Preparedness Plan (EPP).

c. The commander of each MEDCEN/MEDDAC will appoint an individual to be the Oxygen Purity Control (OPC) Monitor. The OPC Monitor's responsibilities are outlined in paragraph 4c. The OPC Monitor must be an E-7 or above or equivalent grade civilian. Exceptions to this requirement must be approved by HQ HSC, ATTN: MCLO-SO.

d. The purity of oxygen stored in cylinders will be confirmed and documented at the time of delivery to the logistical receiving point of the medical treatment facility.

(1) Cylinders will not be placed into storage without first assuring the purity meets the standard of 95 percent. All incidents involving a vendor delivering oxygen below the 95 percent purity level will be recorded and reported to your Quality Assurance Office and HQ HSC, ATTN: MCLO-SO. The local contracting office will also be advised of the incident. Records of incidents will be retained for a period of 2 years and then destroyed.

(2) Cylinders destined for home use are not exempted from the testing requirements. Provisions meeting the intent of this bulletin will be incorporated into the contract, if oxygen cylinders are provided by a contractor. Additional contractor responsibilities are outlined in paragraph 4d.

4. Responsibilities:

a., MEDCEN/MEDDAC Commander:

(1) Ensure the concentration and amount of oxygen in cylinders are confirmed and documented at the time of delivery to the medical treatment facility.

(2) Appoint, in writing, an OPC Monitor to implement the MEDCEN/MEDDAC oxygen program.

(3) Designate, on orders, those individuals authorized to receive and test oxygen. Those individuals authorized to receive and test bulk liquid oxygen may also be used to test oxygen stored in cylinders. NOTE: Only personnel appointed by the Commander and properly trained to test oxygen will be responsible for monitoring oxygen deliveries.

b. The Chief of Logistics/Directorate of Logistics (C, Log/DOL):

(1) Ensure bulk oxygen procedures specified in paragraph 1 of this policy memorandum and cylinder procedures contained in this SMB are implemented.

(2) Ensure a written SOP is established for receipt, storage, and issue of oxygen in cylinders.

(3) Recommend to the commander candidates eligible to serve as OPC Monitor. Also, identify to the commander those personnel authorized to document oxygen concentrations.

(4) Oversee the OPC Monitor in the execution of his duties.

c. OPC Monitor:

(1) Implement medical oxygen policies and procedures established by this command and OTSG-HCL. Develop and maintain local regulations or SOPs which incorporate local procedures for implementing the oxygen program. In addition to requirements specified by the references in paragraph 1, local procedures will include:

(a) Responsibilities of the OPC Monitor.

(b) Training requirements for those individuals designated by the commander to document the concentration of oxygen received in cylinders.

(c) Specify what actions are to be taken and who must be notified if at the time of delivery the oxygen contains less than 95.0 percent by volume of oxygen.

(2) Maintain current appointment orders for OPC Monitor and those personnel authorized to document oxygen concentrations. Destroy appointment orders when superseded.

(3) Ensure the oxygen analysis is performed at the time of delivery. The result of the test will be recorded on the Warning Tag for Medical Oxygen Equipment (DD Form 1191) and affixed to each cylinder. Data to appear on the DD Form 1191 will include (as a minimum):

(a) Calendar date of quality check.

(b) Quality of oxygen expressed in percent; i.e., 95 percent.

(c) Initials of individual accomplishing check.

NOTE: There is no additional requirement to retain testing results for oxygen cylinders, except when discrepancies are noted. See paragraph 3d(1).

(4) Ensure oxygen analyzers are properly calibrated by medical maintenance personnel and maintained IAW local maintenance procedures.

(5) Train designated personnel in using the oxygen analyzer. A record of the training (military and civilian) will be documented in the OPC Monitor's files. Personnel assigned to perform the test will receive initial training before performing any purity confirmations and provided refresher training as often as the OPC Monitor determines it's needed.

d. Contractors for Home Use Oxygen.

(1) Perform an oxygen analysis prior to the time of delivery.

(2) Provide an oxygen quality no less than 95 percent.

(3) Assume full liability in a legal binding contract for any mishaps resulting from cylinders which erroneously contain anything other than oxygen.

(4) Retain adequate insurance so as to preclude any danger to the government in the settlement of a claim resulting from gases other than medical oxygen being administered to a patient.

e. Medical Maintenance Branch.

(1) Calibrate oxygen analyzers, as needed. Develop local maintenance procedures to ensure the analyzers operate effectively.

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(2) Train the OPC Monitor in using the oxygen analyzer. Provide a record of the training (military or civilian) to the OPC Monitor for retention in the OPC Monitor's files. The OPC Monitor will train those personnel assigned to perform the test.

5. Our point of contact is Mr. McWhorter, Office of the Deputy Chief of Staff for Logistics, DSN 471-8565 or Commercial (210) 221-8565.

FOR THE COMMANDER:

ORIGINAL SIGNED

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